

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 16-987		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0830300	ODHS USE ONLY - DO NOT MARK ABOVE						LOCAL FILE NO					
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/>	SOLVED <input type="checkbox"/>		UNSOLVED <input type="checkbox"/>							
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY LEBANON			DATE OF CRASH 1 17 16	DAY Sunday	TIME MILITARY 2158									
CRASH OCCURRED ON Knights Inn						WITHIN THE INTERSECTION OF 725 E. Main St. Lebanon OH 45036											
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO CITY CODE) E. Main St. 8303											
LOG-1	LOG-2	LOC	JUR	FH9	FILT												
A	UNIT NO. 1	NO OF OCCUPANTS 2	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Big CHOICE									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Hornis, Zachary Matthew						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 503 16th Ave. Middletown OH 45044											
PHONE NO (513) 906-0631		BIRTH DATE m 4 15 194	AGE 24	SEX M	SOCIAL SECURITY NO		STATE OH	DRIVER'S LICENSE NO TR 505730	OCCUPATION NA								
OWNER (IF SAME AS DRIVER, WRITE SAME) EAN Holdings LLC						ADDRESS 3700 Park 42 Dr. Cincinnati OH 45241							PHONE NA				
VEH YR 2016	MAKE Infl.	MODEL Box / Truck	COLOR White	STYLE Box	STATE OH	LICENSE PLATE NO PHH 8249	TOWING SERVICE NA	VEH PED DIR FROM STON									
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO OR AGENT									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)											
PHONE NO		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO		STATE	DRIVER'S LICENSE NO	OCCUPATION								
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS						PHONE					
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH PED DIR									
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C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES							
		ADDRESS			m D y		A	B	C	D	E	F					
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES							
		ADDRESS			m D y		A	B	C	D	E	F					
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES							
		ADDRESS			m D y		A	B	C	D	E	F					
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES							
		ADDRESS			m D y		A	B	C	D	E	F					
A B C INJURED TAKEN TO By						RESTRAINTS 4						ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
D E F INJURED TAKEN TO By						RESTRAINTS 1						ALCOHOL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
A OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC CITY ORD						RESTRAINTS 1						ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
D OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC CITY ORD						RESTRAINTS 1						ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
RECEIVED CALL 2158		DISPATCHED 2159		ARRIVED 2201		CLEARED 2234		OTHER TIME 10		TOTAL MINUTES 46		EJECTION 1					
DATE REPORT FILED 1 18 16		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Nate Trout		BADGE NO 129		CHECKED BY		EJECTION 1							
POLICE ACTION						EJECTION 1						DRUGS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
POLICE ACTION						EJECTION 1						DRUGS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION